

## CITY OF TEMPE EMPLOYEE GRIEVANCE FORM

**STEP I:** In accordance with City of Tempe Personnel Rule 6, Section 605 H. 1., the employee is responsible for instituting the first step of the grievance procedure within fifteen (15) calendar days after becoming aware of, or being reasonably expected to be aware of, a violation of the City of Tempe's Personnel Rules and Regulations. The employee and the supervisor should make a good faith effort to informally resolve the grievance at *Step I* of the grievance process.

**STEP II:** I have informally discussed this situation with the appropriate supervisory staff, but have been unable to reach an acceptable resolution. I therefore submit a formal grievance to my immediate supervisor in accordance with City of Tempe Personnel Rule 6, Section 605 H.1.

GRIEVANT'S NAME:	TITLE:	
SUBMITTED TO:		DATE:
at STEP II.		

**HISTORY AND FACTS OF GRIEVANCE:** Provide as much specific information as possible, including all pertinent names, dates and places. *Indicate specifically which section of the Personnel Rules and Regulations you believe was violated.* Attach additional sheets and supporting documentation if necessary.

**REMEDY SOUGHT:** State specifically what action(s) you are requesting to resolve your complaint.

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STEP II—SUPERVISOR’S RESPONSE:** Grievance response must be returned to the aggrieved employee within five (5) working days of receipt. Attach additional sheets and documentation if necessary.

STEP II—SUPERVISOR’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**GRIEVANT’S ANSWER TO STEP II RESPONSE:**

I accept resolution at Step II: ☐ Yes ☐ No

SUBMITTED TO: _____ AT STEP III.	DATE: _____
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If answer is no, grievance must be submitted to *Step III* within three (3) working days of receipt of *Step II* response. Give specific reasons why the *Step II* response is unsatisfactory, and what further action(s) you are requesting to resolve your complaint.

GRIEVANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**STEP III—SUPERVISOR’S RESPONSE:** Grievance response must be returned to the aggrieved employee within five (5) working days of receipt. Attach additional sheets and documentation if necessary.

STEP III—SUPERVISOR’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**GRIEVANT'S ANSWER TO STEP III RESPONSE:**

I accept resolution at Step III: ☐ Yes ☐ No

SUBMITTED TO:	DATE:
AT STEP IV (OPTIONAL).	

If answer is no, grievant may submit the grievance within three (3) working days of receipt of *Step III* response to any additional supervisor(s) at *Step IV* who may be able to successfully resolve the complaint. However, if all appropriate supervisory personnel have responded, the grievance may be submitted to the City Manager at the Final Step. Give specific reasons why the *Step III* response is unsatisfactory, and what further action(s) you are requesting to resolve your complaint.

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**STEP IV–SUPERVISOR'S RESPONSE (IF REQUIRED):** Grievance response must be returned to the aggrieved employee within five (5) working days of receipt. Attach additional sheets and documentation if necessary.

STEP IV–SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**GRIEVANT'S ANSWER TO STEP IV RESPONSE (IF REQUIRED):**

I accept resolution at Step IV: ☐ Yes ☐ No

SUBMITTED TO:	DATE:
AT FINAL STEP.	

If answer is no, grievance must be submitted to the City Manager at the Final Step within three (3) working days of receipt of *Step IV* response. Give specific reasons why *Step IV* response is unsatisfactory, and what further action(s) you are requesting to resolve your complaint.

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FINAL STEP–CITY MANAGER’S RESPONSE:** The City Manager may refer the grievance to the Advisory Hearing Committee as per City of Tempe Personnel Rule 605, Section I. Grievance response will be returned to the aggrieved employee in as timely a manner as possible to allow the City Manager an opportunity to fully review the complaint. The City Manager may respond using the grievance form OR by separate letter which will be attached to the grievance form.

Referred to Advisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer is yes, date referred:	Date Committee’s response was received:

**CITY MANAGER’S FINAL DECISION:** As per City of Tempe Personnel Rule 605, Section I.7., the decision of the City Manager is final and is not appealable.

CITY MANAGER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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